

WISCONSIN DEPARTMENT OF COMMERCE

PROSPECT DATA SHEET

TO BE COMPLETED BY COMMERCE:		
Prospect No:	ADM:	Date Pre-App. Submitted:

PROSPECT/APPLICANT INFORMATION

Legal Name:		
Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>		State of Organization: <small>(Per Articles of Incorporation/Organization)</small>
Trade Name:		
Address:		
City, State, Zip:		
Tele. #:	Fax #:	
WWW:		
CEO Name:	CEO Title:	
<i>Individual To Contact Regarding Questions About The Company:</i>		
Co. Contact:	Title:	
Address:		
City, State, Zip:		
Tele. #:	Fax #:	
Email Address:		
<i>Individual To Contact Regarding Questions About The Project:</i>		
Project Contact:	Title:	
Address:		
City, State, Zip:		
Tele. #:	Fax #:	
Email Address:		

BUSINESS INFORMATION

Date Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country: _____ % of ownership:	
Primary Product or Service:	
Total Company Employment:	Full Time: _____ Part Time: _____
Total Wisconsin Employment:	Full Time: _____ Part Time: _____
Total Project Location Employment:	Full Time: _____ Part Time: _____
% of Project Location Full Time Employees that are WI Residents:	
Provide the Following for All Other Existing Wisconsin Operations:	
Address(Street, City, Zip):	Number of Full Time Employees:
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-----	-----
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PROJECT INFORMATION	
Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County:
Project Street Address	Square Footage of Project Facility(ft²):
Brief Project Summary:	

PROJECT TIME-LINE	
Secure all financing by:	Break ground/lease by:
Begin production by:	Achieve full production by:

PROPOSED PROJECT BUDGET					
USES OF FUNDING (equip, bldg, work cap, training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	COMMERCE	SOURCE #1 NAME::	SOURCE #2 NAME::	SOURCE #3 NAME::	
					\$
					\$
					\$
					\$
					\$
TOTAL		\$	\$	\$	\$
<i>*Please provide the following for the sources listed above</i>					
Source	Name:	Contact Name:	Contact Title	Contact Phone Number	
1.					
2.					
3.					

PROJECTED EMPLOYMENT							
Full Time Positions Only (2,080 hours/year)							
Positions Retained		Position Title	Positions Created				
Avg. Hourly Wage	Number Retained		Year One		Year Two	Year Three	Total Retained & Created
			Avg. Starting Hourly Wage	Number Created	Number Created	Number Created	
BENEFIT INFORMATION							
Check (✓) the Health Insurance Provided to Employees:			<input type="checkbox"/> None	<input type="checkbox"/> Individual	<input type="checkbox"/> Family		
Percent of Health Insurance Premium Paid by Company:				%	%		
Average Deductible Paid by Employee:				\$	\$		
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Childcare							
<input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Other: (Specify)							
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Scheduled Pay Increases: Please provide the intervals and amounts of scheduled pay increases:							

OWNERSHIP INFORMATION (unless publicly owned)		
Name: (First, Middle Initial, Last)	Phone Number	Ownership %*
1.		
2.		
3.		
4.		
5.		
All Others:		
*Personal Financial Statements are required for all owners with 20% or more. The Department may order a personal credit report on each individual that owns 20% or more of the company as well as a Dun and Bradstreet report on the applicant.		100%

LEGAL INFORMATION	YES/NO
Has the company, any officer, subsidiary or affiliate been involved in any lawsuits in the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company, any officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	

MARKET INFORMATION	
THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	

THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	

SUMMARY OF HISTORICAL FINANCIAL INFORMATION			
FYE	___/___/___	___/___/___	___/___/___
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

SUMMARY OF PROJECTED FINANCIAL INFORMATION			
FYE	___/___/___	___/___/___	___/___/___
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

REQUIRED SUPPORTING DOCUMENTATION

BUSINESS PLAN

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan that fully describes the proposed project. Commerce reserves the right to require an up-to-date comprehensive business plan for all projects.

NOTE: If you do not currently have a Comprehensive Business Plan, Commerce may be able to finance a portion of the costs incurred to develop such a plan. Under its Early Planning Grant (EPG) and the Entrepreneurial Training Grant (ETG) programs, Commerce can provide grants to assist with the development of a comprehensive business plan. Visit our website at www.commerce.state.wi.us for additional information on these programs.

COMPANY INFORMATION

Check the appropriate box if the information is detailed in your business plan or attached

Business Plan

DATED:

____/____/____

Attached

INFORMATION NEEDED

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | History of the company's operations |
| <input type="checkbox"/> | <input type="checkbox"/> | Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of any affiliates or subsidiaries |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of the market niche for the company's product or service |
| <input type="checkbox"/> | <input type="checkbox"/> | A detailed description of the proposed project including environmental remediation |
| <input type="checkbox"/> | <input type="checkbox"/> | Three years of historical financial statements that include: <ul style="list-style-type: none">• balance sheets• cash flow statements• income statements• accountant's notes |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent quarterly financial statements if the year-end was more than 90 days prior to submission |
| <input type="checkbox"/> | <input type="checkbox"/> | Three years of financial projections that include: <ul style="list-style-type: none">• balance sheets• cash flow statements• income statements• detailed notes on all significant accounting assumptions used The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs.
(Not Applicable for those projects only looking for training funds) |
| <input type="checkbox"/> | <input type="checkbox"/> | All individuals that own 20% or more of the company must submit a signed and dated personal financial statement. A sample form is attached. Substitute formats are acceptable provided that the social security number of the individual is also included.
(Not applicable for those projects only looking for tax credits). |
| | <input type="checkbox"/> | Copies of commitment letters outlining the terms and conditions of the other funding sources detailed in the project budget. |

CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that the Department is authorized to obtain a credit check and Dunn and Bradstreet on the applicant, the business and/or the individual(s).
5. Understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

The applicant requests that Commerce treat the following items as TRADE SECRET:

	Yes	No	NA
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 5 is left blank then all information provided to Commerce will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

APPLICANT PERSONAL FINANCIAL STATEMENT

Submitted to:

WISCONSIN DEPARTMENT OF COMMERCE

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

ASSETS		LIABILITIES	
Cash (Schedule 1)	\$	Secured Notes Payable (Sch. 5)	\$
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

INCOME:		CONTINGENT LIABILITIES:	
Salaries/bonuses	\$	Endorser/Co-maker/Guarantor	\$
Dividends/interest		Legal Claims	
Other:		Other:	

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEDGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

Are you a defendant in any legal actions or suits? ☐ Yes ☐ No If yes, describe: _____

Have you ever been declared bankrupt? ☐ Yes ☐ No If yes, describe: _____

Are you delinquent in any payment of taxes? ☐ Yes ☐ No If yes, describe: _____

Applicant understands submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Applicant Signature

Date